



# CITY OF FULSHEAR

P O Box 279 / 29378 McKinnon Rd. Suite C  
Fulshear, Texas 77441  
Phone: 281.346.8860 ~ Fax: 281.346.8237  
[www.fulsheartexas.gov](http://www.fulsheartexas.gov)

## APPLICATION FOR COMMERCIAL UTILITY SERVICES

Date of Application: \_\_\_\_\_

Water Meter Size: 5/8" \_\_\_\_\_ 3/4" \_\_\_\_\_ 1" \_\_\_\_\_ Other \_\_\_\_\_

Irrigation Meter Size: 5/8" \_\_\_\_\_ 3/4" \_\_\_\_\_ 1" \_\_\_\_\_ Other \_\_\_\_\_

Fire Meter Size: \_\_\_\_\_

Service Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_

### Billing Information for Monthly Water Bill:

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*APPLICANT MUST TO ATTACH A PDF UTILITY PLAN SHOWING PROPOSED LOCATION OF THE TAPS REQUESTED

SUBMITTAL MAY BE EMAILED TO MKILLEBREW@FULSHEARTEXAS.GOV

\*\*TAPS WILL BE INSTALLED APPROXIMATELY 10 TO 15 BUISNESS DAYS AFTER PAYMENT HAS BEEN RECIEVED

I HEREBY ACCEPT ALL THE ABOVE CONDTIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Payment Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Transmittal Date: \_\_\_\_\_